



## NOVO NORDISK PHARMACEUTICALS, INC

## FACSIMILE TRANSMITTAL SHEET

TO: Examiner Kim	FROM: Rosemarie R. Wilk-Otescan, Esq. Reg. No. 45,220
COMPANY: USPTO	DATE: JULY 22, 2004
FAX NUMBER: (571)-273-0628	TOTAL NO. OF PAGES INCLUDING COVER: 4
PHONE NUMBER: (571)-272-0628	SENDER'S PHONE NUMBER: 609-987-5969
RE: Application Serial No. 09/450,609	SENDER'S FAX NUMBER: 609-919-7741

FOR REVIEW       PLEASE COMMENT       PLEASE REPLY

## NOTES/COMMENTS:

Dear Examiner Kim:

This correspondence is a request to intercede on behalf of application serial number 09/450,609, which may become abandoned as a result of mail sent by the USPTO to an incorrect applicant correspondence address. As an attachment to this fax, please find our original Customer Address Change form request submitted in September 2002 by our Patent Administrator, and the subsequent acknowledgement received from the USPTO, also in September 2002.

Kindly reset the statutory period for reply accordingly, as the most recent Office Action was never received in our offices.

Please resend any and all pending correspondence in this case to the following address:

Novo Nordisk Pharmaceuticals, Inc.  
100 College Road West  
Princeton, NJ 08540

If you have any questions please do not hesitate to contact me at 609-987-5969.

Regards,



Rosemarie R. Wilk-Orescan  
Reg. No. 45,220

**PLEASE NOTE:** The information contained in this facsimile message is privileged and confidential, and is intended only for the use of the individual named above and others who have been specifically authorized to receive it. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, or if any problems occur with the transmission, please contact Tracy Bronner 609-919-7779.

Please type a plus sign (+) inside this box →

PTO/SB/124A (08-00)

Approved for use through 10/31/2002. OMB 0651-0036  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>Request for Customer Number Data Change</b>	<b>Address to:</b>  Assistant Commissioner for Patents Box CN Washington, DC 20231
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To the Commissioner of Patents and Trademarks: Please record the following data changes to Customer Number:  Type Customer Number here: <b>141447</b>	
 <b>23650</b> <small>PATENT TRADEMARK OFFICE</small>	

<input checked="" type="checkbox"/> Please change Correspondence Address to:				
Firm or Individual Name	<b>NOVO NORDISK PHARMACEUTICALS, INC.</b>			
Address	<b>100 COLLEGE ROAD WEST</b>			
Address				
City	<b>PRINCETON</b>	State	<b>NJ</b>	ZIP <b>08540</b>
Country	<b>USA</b>			
Telephone	<b>609-987-5931</b>	Fax	<b>609-919-7741</b>	

<input checked="" type="checkbox"/> Please delete the following practitioner registration number(s) from the Customer Number indicated above:				
<b>35,127</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>43,228</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>41,324</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Please add the following practitioner registration number(s) to the Customer Number indicated above:				
<b>45,220</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>48,829</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto				
<b>Request Submitted by:</b>				
Firm Name (if applicable)	<b>NOVO NORDISK OF NORTH AMERICA, INC</b>			
Name of Person submitting request	<b>REZA GREEN, Ph.D</b>			
Signature	<b>Reza Green 100 38, 475</b>			
Telephone Number	<b>609-987-5831</b>	Date	<b>9/11/02</b>	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.

UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
[www.uspto.gov](http://www.uspto.gov)

**CUSTOMER  
NUMBER:** 23650  
**CORRESPONDENCE  
ADDRESS:**

NOVO NORDISK OF NORTH AMERICA, INC  
405 LEXINGTON AVENUE  
SUITE 6400  
NEW YORK, NY 10017

**FAX:** **PHONE:** 2128670123  
**E-MAIL:**

Date Mailed: 09/12/2002

**NOTICE OF CUSTOMER NUMBER RECORD CHANGE**

The request to change the information associated with the above-identified Customer Number has been accepted by the Commissioner of Patents and Trademarks.

The Customer Number may be used to identify the correspondence address or "fee address" for, and/or the appointed practitioner(s) in, a United States patent application or patent. The correspondence address and registration numbers indicated on this notice reflect the current correspondence address and registration numbers associated with the above-identified Customer Number.

**PRACTITIONER REGISTRATION NUMBER(S) ASSIGNED TO THAT CUSTOMER NUMBER:**

30335, 33728, 34086, 36993, 38475, 45220, 48829.

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CJ  
\_\_\_\_\_  
Patents Electronic Business Center  
(703) 305-3028

SEP 26 2002

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